**[COMPANY NAME AND LOGO]**

**EMPLOYEE STATUS CHANGE FORM**

Effective Date: Employee ID#

Employee Name:

Address:

Position: Location/Department:

☐**Employee Status**

**Type of Change:** ☐ **New Hire ☐Rehire ☐Employee Status Change**

☐ Regular Full-Time (32 hours or more) Hours per week:

☐ Regular Part-Time (31 hours or less) Hours per week:

☐ Temporary (Short-term) Hours per week: ☐ On-Call (As needed)

Remarks:

☐**Termination of Employment**

Last working day: Eligible for rehire? ☐Yes ☐No (if no, reason)

**Select ONE reason for separation:**

**Voluntary:**

☐Dissatisfied with job or company ☐Retirement ☐School ☐No Call/No Show ☐Better job/pay/benefits/hours

☐Relocating ☐Family issues ☐Other

**Involuntary:**

**☐**Poor performance ☐Gross misconduct ☐Attendance/tardiness ☐Unqualified for job

☐Violation of company policy/procedure ☐Other

☐**Status Change**

☐ Location Change (Transfer) From To

☐ Position Change From To

☐ Leave of Absence From To

☐Other

☐**Salary Change**

**Type of Change:** ☐ **New Hire ☐Merit Increase ☐Promotion ☐Other**

Current Pay Rate: $ ☐per hour ☐per year

New Pay Rate: $ ☐per hour ☐per year

☐ Exempt (Salaried) ☐ Non-Exempt (Hourly)

Authorization Signature: Printed Name: